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Help | FAQ

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Batch Citation Matcher

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- N Engl J Med. 1999 Aug 19;341(8):610-1.
- N Engl J Med. 1999 Oct 7;341(15):1157-8.

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A controlled trial of sustained-release bupropion, a nicotine patch for smoking cessation.

Jorenby DE, Leischow SJ, Nides MA, Rennard SI, Johnston JA, Hughes SS, Muramoto ML, Daughton DM, Doan K, Fiore MC, Baker TB.

Center for Tobacco Research and Intervention, University of Wisconsin Med Madison, USA.

BACKGROUND AND METHODS: Use of nicotine-replacement therapies and antidepressant bupropion helps people stop smoking. We conducted a double placebo-controlled comparison of sustained-release bupropion (244 subjects) patch (244 subjects), bupropion and a nicotine patch (245 subjects), and placebo (245 subjects) for smoking cessation. Smokers with clinical depression were excluded. Treatment consisted of nine weeks of bupropion (150 mg a day for the first 7 days then 150 mg twice daily) or placebo, as well as eight weeks of nicotine-patch (7 mg per day during weeks 2 through 7, 14 mg per day during week 8, and 7 mg during week 9) or placebo. The target day for quitting smoking was usually 1 week after treatment began. **RESULTS:** The abstinence rates at 12 months were 15.6 percent in the placebo group compared with 16.4 percent in the nicotine-patch group, 30.3 percent in the bupropion group (P<0.001), and 35.5 percent in the group given bupropion and the nicotine patch (P<0.001). By week 7, subjects in the placebo group had gained an average of 2.1 kg compared with a gain of 1.6 kg in the nicotine-patch group, a gain of 1.7 kg in the bupropion group, and a gain of 1.1 kg in the combined-treatment group (P<0.001). Weight gain at seven weeks was significantly less in the combined-treatment group than in the bupropion group and the placebo group (P<0.05 for both comparisons). A total of 34.8 percent of subjects discontinued one or both medications. Seventy-nine subjects stopped treatment because of adverse events: 6 in the placebo group (3.8 percent), 29 in the nicotine-patch group (6.6 percent), 29 in the bupropion group (11.9 percent), and 15 in the combined-treatment group (11.4 percent). The most common adverse events were insomnia and headache. **CONCLUSIONS:** Treatment with sustained-release bupropion alone or in combination with a nicotine patch resulted in significantly higher

rates of smoking cessation than use of either the nicotine patch alone or placebo. Abstinence rates were higher with combination therapy than with bupropion alone. The difference was not statistically significant.

Publication Types:

- Clinical Trial
- Randomized Controlled Trial

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